

CLAIMS ONLY							Application Number <i>10/712540</i>	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51				
2	/					52				
3	/					53				
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44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	3					Total Indep				
Total Depend	15					Total Depend				
Total Claims	18					Total Claims				